Italy aligns fully with the statement of the Slovak Presidency on behalf of the EU.

We passionately endorse the strategy as many of our prior contributions have been kindly considered and are high in the agenda; we want to underline the need to target information and educational campaigns on health promotion.

We are seeing resurgent sexually transmitted diseases among young women, as well as a clear, selective and paradoxical increase in smoking and alcohol binge drinking among young women and adults. This means that a general educational campaign that did not consider gender specificities is failing on the female side.

Secondly, we want to drive attention to the need to keep a constant eye on gender violence, still unacceptably prevalent.

Thirdly, we encourage a specific support to Member States on reviewing their health budgets, setting sectoral gender budgeting procedures and implementing gender sensitive actions especially in the areas of:

- ICT with disaggregated gender specific health related information being required, captured, analysed and disseminated. An useful benchmark is the yearly EUROSTAT data set on preventable and avoidable mortality;
- Science= planning for and conducting gender sensitive clinical trials, in accordance with regulatory agencies. This issue has to be based on a lifelong approach either, meaning trials in different ages of life, disaggregated by gender and leading to our third point; namely
- Medicine, with precision and personalized procedure become truly gender sensitive, based on gender specific originated evidence, as even meta-analytic work is surprisingly sometimes biased.

Finally, we expect to see the final Sexual and Reproduction Health strategy and programming to be fully gender sensitive addressing diverse emergency needs, as in fact we have done with our migrant health strategy.